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SUPERVISION OF OPHTHALMIC TEACHING.

In the United States the last few years have been marked by great and rapid advances in the standard of under-graduate medical teaching, and the requirements for the degree of Doctor of Medicine. We have seen 169 medical colleges, nearly all of inferior grade, give place to 95, a large majority of which maintain almost an ideal standard of theoretical requirements; and all of which show great improvement in teaching methods and general efficiency. Those who have been intimately concerned with the administration of medical colleges, and especially of those institutions that have had to drag themselves up from a lower level, handicapped by lack of funds and the absence of popular support, know that a most important influence in effecting these improvements has been that of the Council on Education of the American Medical Association.

This Council has, from time to time, arranged fruitful conferences for the discussion of all topics relating to medical education. But its most efficient means of exerting its influence has been by its repeated inspections of the medical schools. From time to time, with or without previous notice, an expert inspector visited each medical school, examined its plant and clinical facilities, looked over its laboratories and libraries and inquired into its resources and most intimate workings. By his questions, as well as by his direct suggestions, he pointed to the weak spots in its administration, and advised as to the way to strengthen them. One school lacked laboratories, another had not enough paid teachers to present the fundamental branches, a third was deficient in clinical facilities, a fourth had no library, a fifth still indulged in low preliminary requirements. To have its defects pointed out in a friendly way, and also laid before the Council, whose rating went far towards fixing the standing of such an institution, acted as a most powerful stimulus to improvement. The rapid advance referred to has largely been the result.

Something of the kind can be done with reference to the teaching of ophthalmology. The Joint Board, established to conduct examinations, will have to establish preliminary requirements to be met by those taking the examination. To do this intelligently its committees must become acquainted with the active working conditions in schools, giving graduate instruction in ophthalmology, and must to some extent pass upon the qualifications and devotion to teaching of those who wish to be recognized as individual teachers.

It is not enough to know that 20,000 patients are treated each year in a certain eye clinic. That number of patients might be made to furnish adequate clinical instruction or practice for 100 students; or they might be run through the clinic in such a way that even two

or three clinical assistants would have only inferior clinical opportunities. Is the clinic furnished with dark rooms sufficient for each student to make a thorough ophthalmoscopic examination of every case? Is there space, and are there trial cases to devote the proper time to refraction and testing of muscle balance? Is perimetry sufficiently taught and practiced on the large number of patients of whom it would give valuable information? Are there enough qualified instructors regularly present to help each student with the suggestions and criticism that he needs? Or are they all serving as clinical assistants, with energies concentrated in getting through with the patients as rapidly as possible, and thinking of the student only as some one who can be called upon to help through with a certain amount of inferior routine work?

A teaching clinic ought to be furnished not only with instruments and opportunities, but with charts and a working library. In this respect the private teacher can sometimes offer better facilities than our largest public clinics. The office assistant of an oculist, in fair private practice, may have more books and atlases in his service, as well as a better stock of apparatus to work with, than the class attending the metropolitan teaching hospital. The Board for Examinations may do more for the teaching in ophthalmology in America by inspection of schools, with friendly suggestions, criticism and conscentious rating, than it can by establishing and maintaining examinations.

NEW CENTERS OF OPHTHALMIC SCIENCE.

For more than one-half century the eyes of students of ophthalmology have turned to the great cities of Europe as the sources of individual instruction and scientific progress in all that related to ophthalmic science. While these old centers of ophthalmology have their activity temporarily crippled, or wholly in abeyance, others of more recent development begin to appear to dispute for supremacy in the future.

Those who keep in touch with the recent advances in medical science know that the race of Kitasato and Inouye is already taking an important share in the development of ophthalmic science. Teeming populations where great numbers of people must depend for any ophthalmic relief upon a single institution, or a single ophthalmic surgeon, furnish very favorable opportunities for the study of rare clinical conditions, and the comparison of therapeutic measures, especially operations. This has been illustrated in India, where a single surgeon, Colonel Smith, has established what amounts to a world center for teaching cataract operations, and where Colonel Elliot was able to try out and perfect the operation, sclero-corneal trephining, which has attracted more general attention throughout the world than any other operation introduced in the last generation.

Another such center, the first on a new continent, seems to be developing in Buenos Aires. A city of one million people, situated in a temperate climate; a body of oculists who have had the benefit

of good European training, and now organized into an active society, having at command the usual agencies of civilization, and stimulated by the free conditions of a new country, should soon be widely known for the value of its scientific work, and the opportunity it can offer to Spanish-American students to secure advanced ophthalmic training.

BOOK NOTICES.

The Royal London Ophthalmic Hospital Reports. Volume XX, Pt. II. Edited by J. H. Parsons. Pages 129–340. Illustrated. London: Adlard and Son and West Newman. 1916. Price, 7 shillings and 6 pence.

This Report opens with a series of "Historical Notes" by the late George Coats; which, because of his wise selection of the material and the graphic character of the sketches, must deepen the regret that his fruitful career came to such an early end. They give an account of Chevalier Taylor's son, who "for good and for ill was but the shadow of his more illustrious father." Then there is a collection of early observations on restoration of sight to the congenitally blind, which make very interesting reading, and might profitably be carefully considered by those who write their observations of such cases for the literature of today.

There is brief notice of Roger Grant, the cobbler or tinker who became "sworn oculist and operator" to Queen Anne and to George I. Next comes quite an account of Chevalier Taylor's grandson, John Taylor Third. Like his father and grandfather he was an oculist. But in later life he "began to dally with literature" and became proprietor of two newspapers. In the end he fell into pecuniary difficulties through a business partner. These historical notes are accompanied by a bibliography that leaves an open door for others to enter this attractive field of literature.

The scientific papers, four in number, that compose the bulk of this issue are each of them important monographs. They will be found noticed under their appropriate heads in the Index of Ophthalmology. The illustrations include six half-tone plates and a pedigree chart. It is quite in contrast to nearly all the ophthalmic publications of the year, that this one shows no evidence of war, even in the matter it contains.

Boletin de la Sociedad de Oftalmologia de Buenos Aires. Volume 3, No. 3. 8vo., 115 pages, 8 illustrations and one colored plate. Published by the secretary, Dr. Publio B. Ferro, Buenos Aires. 1916.

The Buenos Aires Society of Ophthalmologists now includes thirty-eight members, and under the leadership of the honorary president, Pedro Lagleyze, it has made for itself an enviable place in the world of ophthalmology. The present volume contains thirteen papers from eight writers, all of them creditable, and some of high value as original contributions to the literature of their respective subjects. There are eight half-tone plates dealing with clinical and microscopic conditions, and one colored plate illustrating the case of sympathetic choroiditis. It has followed the precedent set by European publications of this class, in appearing without an index. Even for so small a volume as this, a carefully prepared index would add greatly to its value as a book of reference. The titles of its various papers will be found in this month's index of ophthalmology.

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The technique employed was as follows: After fixation of the conjunctiva (in the rabbit the superior rectus muscle) a very delicate canula is thrust as flatly as possible into the substance of the cornea. When the canula, with its oblique opening toward the exterior, lies in the tissue, the plunger of the syringe is pushed slowly forward until a gray raised disc of some millimeters is formed in the cornea. The size of the disc should vary as little as possible. The method was found to recommend itself on account of the uniformity of dosage obtained and the ensuing constant result. The interstitial corneal tissue is in a high degree defenseless towards infection; nevertheless the defenselessness of the cornea is not so great as that of the vitreous. As a result of the relative defenselessness, pathologic disturbances can be produced in the cornea with bacteria with which this is impossible in other organs. Intracorneal inoculation in the rabbit promises to be of value in differential diagnosis between diphtheria bacilli and diphtheroid bacilli, since it was possible to produce the morbid changes in the cornea with "avirulent" diphtheria bacilli. In the immunised rabbit marked phagocytosis occurred after intracorneal inoculation of diphtheria baccilli, whereas in the unprotected animal this did not occur. Influenza bacilli will grow in the cornea. Meningococci and gonococci damage corneal tissue without multiplying demonstrably.

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